



**EAST COVENTRY TOWNSHIP  
CHESTER COUNTY, PENNSYLVANIA**

**APPLICATION FOR  
SEWER CONNECTION PERMIT**

**855 Ellis Woods Road  
Pottstown, PA 19465  
610-495-5443  
610-495-9925 (Fax)**

**PART I - OWNER INFORMATION (person or entity responsible for all costs)**

Owner Name (person or entity that will own the property upon completion of Sewer connection):

Owner Street Address (if P.O. Box, include street address also):

City, State and Zip Code:

Telephone Number:

Fax Number:

Email Address:

**PART II – IMPROVED PROPERTY INFORMATION**

Street Address of Improved Property for which Sewer Connection is Proposed (if P.O. Box, include street address also):

City, State and Zip Code:

Tax Map ID#:

Subdivision Name (if applicable):

Lot # (if applicable):

Proposed Use  
(check one):

\*Refer to  
Township's EDU  
Allocation  
Resolution for  
definition

- ☐ Residential Dwelling\*
- ☐ Single-Family
- ☐ Townhouse
- ☐ Two-Family
- ☐ Multi-Family (# of units\_\_\_\_)
- ☐ Garden Apt.(# of units\_\_\_\_)
- ☐ Independent Mobile-Home

- ☐ Commercial
- ☐ Industrial
- ☐ Institutional
- ☐ Multi-Use
- ☐ Other \_\_\_\_\_

Proposed Water Supply  
(check one):

- ☐ Public
- ☐ Private
- ☐ Other \_\_\_\_\_

Proposed  
Connection to  
Public Sewer (check  
one):

- ☐ Gravity Building Sewer only (existing Lateral)
- ☐ Gravity Building Sewer and Lateral
- ☐ Low-Pressure Building Sewer only (existing Low-Pressure Lateral)
- ☐ Low-Pressure Building Sewer and Lateral

Note: All sewer installation must be witnessed and approved (inspected) by the appropriate inspection official. All such inspections by the Township shall be undertaken and completed not less than 48 to 72 hours after the Township is given notice that the connection is ready for inspection.

Provide detailed description of existing and/or proposed buildings/structures and use(s) of Improved Property (for Township's use in calculating required capacity allocation), and attach sketch or drawing or enclose other documents if appropriate or required by Township:

☐ Check if sketch or drawing is attached

☐ Check if other documents are enclosed and identify documents: \_\_\_\_\_

### PART III – CERTIFICATION

I certify that I (check appropriate box below):

- ☐ am the Owner.  
☐ am an officer or official of the Owner  
☐ have the authority to make this application (attach delegation of signatory authority)  
and that all above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Name (type or print legibly)

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PART IV – TOWNSHIP ACTION**

Required Equivalent Dwelling Units (EDUs):

Use and Occupancy Permit Issue Date:

Permit Application Fee: \$ 50.00

☐ Paid☐ Not Paid

Tapping Fee: \$

☐ Paid☐ Not Paid

\*Inspection Fee: \$ 150.00

☐ Paid☐ Not Paid

TOTAL: \$

\* All re-inspections will cost an additional \$150 to be paid prior to inspection

Application  
Status:☐ Approved☐ Denied

Date:

Permit #:

Date:

Fee Paid:\$

Township Official's Signature:

Township Official's Comments: